



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No. Filing Date First Named Inventor Examiner Name Group Art Unit	10/021,333
	December 12, 2001
	Zahriya et al.
	Randy Gibson
	2841
Total Number of Pages in This Submission	8
	Attorney Docket No. A-69361/MSS (469118-6)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, No. of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check in the amount of \$475.00 (for 3 rd ext. of time); and self-addressed stamped Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Maria S. Swiatek, Esq. DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 650-494-8771	Customer Number 32940
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Signature		
Date	March 9, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: _____		
Typed or printed name	Kari Bateman	
Signature		
	Date	March 9, 2004



**AMENDMENT
FEE CALCULATION
2004**

Complete if Known

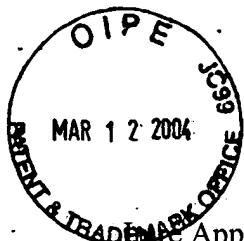
Application No.	10/021,133
Filing Date	December 12, 2001
First Named Inventor	Zahriya, et al.
Group Art Unit	2841
Examiner Name	Gibson, Randy
Atty. Docket Number	A-69361/MSS

Claims as Amended in Response to Office Action dated: September 9, 2003

METHOD OF PAYMENT (Check One)				AMENDMENT FEE CALCULATION (Continued)																												
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: DORSEY & WHITNEY LLP <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)				3. ADDITIONAL FEES Large Entity Fee Small Entity Fee Fee Description Fee Paid																												
				110	55	Extension for reply within first month																										
				420	210	Extension for reply within second month																										
				950	475	Extension for reply within third month	475.00																									
				1,480	740	Extension for reply within fourth month																										
				2,010	1,005	Extension for reply within fifth month																										
				330	165	Notice of Appeal																										
				330	165	Filing a brief in support of an appeal																										
				290	145	Request for oral hearing																										
				110	55	Terminal Disclaimer Fee																										
				110	55	Petition to revive – unavoidable																										
				1,330	665	Petition to revive – unintentional																										
				1,330	665	Utility/Reissue issue fee (inc. advance copies)																										
				130	130	Petitions to the Commissioner																										
				180	180	Submission of IDS																										
				770	385	Request for Continued Examination (RCE)																										
				Other fee (specify):																												
				Subtotal (2) 475.00																												
				Total Amount of Payment: 475.00																												
AMENDMENT FEE CALCULATION 1. EXTRA* CLAIM FEES <table border="1"> <thead> <tr> <th>Claims Remaining after Amendment</th> <th>Highest Number Previously Paid for</th> <th>Present Extra</th> <th>Fee from Below*</th> <th>Additional Fee</th> </tr> </thead> <tbody> <tr> <td>Total 5</td> <td>- 0</td> <td>= 0</td> <td>x 0</td> <td>=</td> </tr> <tr> <td>Indep. 1</td> <td>- 0</td> <td>= 0</td> <td>x 0</td> <td>=</td> </tr> <tr> <td>First Presentation of MultipleDependent Claim</td> <td></td> <td>x</td> <td></td> <td>=</td> </tr> <tr> <td colspan="4">Subtotal (1)</td> <td>0.00</td> </tr> </tbody> </table> *Calculation of Extra Claim Fees								Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	Total 5	- 0	= 0	x 0	=	Indep. 1	- 0	= 0	x 0	=	First Presentation of MultipleDependent Claim		x		=	Subtotal (1)				0.00
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee																												
Total 5	- 0	= 0	x 0	=																												
Indep. 1	- 0	= 0	x 0	=																												
First Presentation of MultipleDependent Claim		x		=																												
Subtotal (1)				0.00																												
Large Entity Fee	Small Entity Fee	<u>Fee Description</u>																														
18	9	Claims in excess of 20																														
86	43	Independent claims in excess of 3																														
290	145	Multiple dependent Claim																														
86	43	Reissue independent claims over original patent																														
18	9	Reissue claims in excess of 20 and over original patent																														

Submitted by:

Name: Maria S. Swiatek	Reg. No.: 37,244	Telephone: 650-494-8700
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	CUSTOMER NUMBER 32940
Signature:		Date: March 9, 2004



UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:
Zahriya, et al.
Serial No.: **10/021,133**
Filed: **December 12, 2001**
For: **DIGITAL SCALE WITH
REMOVABLE TOOLS**

Examiner: **Gibson, Randy**
Group Art Unit: **2841**
San Francisco, CA 94111
Date: March 9, 2004

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is in response to the Office Action dated September 9, 2003 received in the above-referenced application. A petition for a three month extension of time with the requisite fee is enclosed herewith, bringing the period of response to March 9, 2004.

Please amend the application as follows.

A listing of claims begins on page 2.

A replacement Abstract begins on page 3.

Remarks begin on page 4.

03/15/2004 WABRHAM1 00000003 10021333

01 FC:2253

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